WHO (Europe) - World Health Organization Regional Office for Europe

1. Demographic and social statistics (WHO Europe)

Alcohol-related statistics

Purpose

• WHO Europe provides twice yearly updated information for the assessment and monitoring of the health situation and of trends in health and health care in countries of the European Region in order to provide support for decision-making and for the formulation of public health policies and programs including the assessment of their effectiveness. In this regard, the WHO Regional Office for Europe collects, reviews the quality and maintains over 600 indicators from various health dimensions, with diverse levels of detail in different databases.

Ongoing methodological work

• Annual collection and processing of national basic health statistics (e.g. demographics, health status, health determinants and health care) from 53 European WHO Member States and dissemination via the WHO Regional Office for Europe web site http://www.euro.who.int/en/what-we-do/data-and-evidence/databases or from http://data.euro.who.int/hfadb/.

• Annual collection and processing of national and subnational mortality from WHO European Member States and dissemination via the WHO Regional Office for Europe web site. This supplements the European health for all database (HFA-DB) providing data for international comparisons for a predefined set of indicators for 67 aggregated causes of death by age and sex The European Mortality database (HFA-MDB) is available at: http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/mortality-indicators-by-67-causes-of-death,-age-and-sex-hfa-mdb.

• Annual collection and dissemination of the European detailed mortality database (DMDB). This source was developed in 2007 to provide user-friendly access to detailed data by any combination of three-digit codes used in the International Classification of Diseases, ninth or tenth revisions (ICD-9 or ICD-10) and five-year age groups. Database available at http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-detailed-mortality-database-dmdb2.

• Collection and dissemination of the national hospital discharge data in a form of a European Hospital Morbidity database (HDMB), including detailed diagnoses coded using the ICD-9 or ICD-10) or the International Shortlist for Hospital Morbidity Tabulation (ISHMT), by age and sex. Available at http://www.euro.who.int/en/what-we-do/data-and-evidence/databases/european-hospital-morbidity-database-hmdb2.

• Publication of the European Health Report 2012. In addition to the basic analyses of situation and trends, it will have emphases on health and well-being of the population of the Region. It also serves as a prime instrument for dissemination of statistical findings from the Region. This year the report will also provide a baseline for health targets indicators set up in the new WHO Health 2020 policy for Europe.

Priority objective of methodological work

• Design of an integrated system of statistical databases maintained by specific WHO Europe technical programs available to external users via uniform interfaces.

• Improve the coordination and comparability of international data collection in collaboration with other international agencies (primarily OECD and EC/EUROSTAT). Work on the coordination of health data collection and harmonization of health indicators in the European Region is ongoing. Following the national health accounts example, a joint OECD/EUROSTAT/WHO Europe data collection on non-expenditure health indicators for health care resources started in 2010 and will continue in 2013, further expanding its indicators to the health care activities.

• WHO Europe developed jointly with the European Commission, DG-Sanco, an integrated health information system for the display and analysis of indicators on socioeconomic situation, health, and health care resources at regional level (so-called NUTS2-level). This web-based tool brings together data allowing assessments of regional inequalities across Europe. Three types of interactive atlases address different questions and display data, accordingly: Regional comparison atlas, Correlation map atlas and Atlases of social inequalities. They are available at: http://www.euro.who.int/en/what-we-do/data-and-evidence/equity-in-health/interactive-atlases. Atlases were updated in 2012, and a new developmental stage on the atlases will continue in 2013, emphasizing three aspects: inclusion of time series capabilities, environmental indicators, and organization by thematic health topics.

• A new health policy framework (Health 2020) for Europe is being developed by the WHO Regional Office for Europe for its Member States. Emphasis will be placed on six areas: governance for health; inequities in health; healthy people; the environment (including risk factors and the determinants of health); the burden of disease and health system performance. Monitoring progress towards targets in these areas will be an

integral part of the process. Definition of targets and indicators is currently under way, with contributions from different stakeholders. A special element to be included is the assessment and monitoring of health and well-being, this one requiring additional methodological work, also on its way.

• A publication “Core Health Indicators for Europe” was prepared, containing a subset of HFA data for 53 Member States. Presentation includes tabular, graphical and map materials. Next version will contain the suggested targets and indicators as a baseline for monitoring Health 2020.

• A multi-country workshop with eligible Member States to strengthen the work of the Commission of Information and Accountability for Women’s and Children’s Health was held to identify priorities and develop roadmaps. In addition, rapid assessments on civil registration and vital statistics as well as on quality of causes of death data have been conducted in Eastern countries of the region with an aim to identify issues for improvement. The work has been carried out jointly with WHO headquarters and Health Metrics Network.

New activities

• Global Survey for eHealth in support of the Commission on Information and Accountability for Women’s and Children’s Health (CoIA). Target for release in March, 2013 to 75 CoIA countries globally.

• An expanded Global Survey for eHealth is likely to be issued later in 2013 to the remaining countries.

• Extension of the joint Eurostat / OECD / WHO Europe data collection on non monetary health care indicators to health care activities in EU and OECD Member States or candidate countries.

• A new database of technical and human resources for health for the WHO European Region was developed and will be made available to the public in year 2013. This database includes data from the joint Eurostat / OECD / WHO Europe data collection on non monetary health care resources for all Member States in the WHO European Region.

Meeting Activities 2013

• Joint WHO-EU Regional consultation on eHealth Data Standards and Interoperability. To be held in Q1 or Q2 2013.

Public Health Services

Purpose

• Strengthening Public Health Services and Capacity in the European region to implement the European Action Plan.

Ongoing methodological work

• The Public Health Services Programme’s Goal is: Promoting Health and Well-being, now and for future generations by Strengthening Public Health Services and Capacity – Implementation of the European Action Plan in order to support the implementation of Health 2020:

• Public Health Enablers – especially Funding, workforce development, communications and governance.

• Public Health Service Delivery – especially Health Promotion and Disease Prevention.

• Country Support – focus on addressing inequalities – develop capacity building in NIS.

• Number of countries supported in self-assessments in Public Health Services and Capacity.

Priority objective of methodological work

• Produce publications and tools: PH book; Guidance for PH workforce development; Guidance for PH governance.

• Briefings on: PH Challenges and innovation; PH financing; The case for investing in prevention; The Public health Role in preventing NCDs; The PH role of PHC; Develop Guidance on PH Financing – with Barcelona team.

New activities

• Preparatory Stage for EAP 2013- 2014:

• Identify resources for delivery of EAP - Develop funding proposals with Eurohealthnet, Center for Global Health and via collaborating centres in Austria, Denmark, Portugal, Russian Federation and United Kingdom.

• Develop working groups and plans for delivery of EPHO action.

• Establish governance and steering group as part of H2020 implementation.

• 2015- 2020: scaling up delivery of EAP.

Meetings in 2013

• Meetings with partners and potential donors to establish potential contributions and resources – Eurohealthnet, EC, World Bank, Israel, Switzerland, Denmark, Norway, Sweden, Finland, Belgium, Netherlands, Russia, UK, France, Portugal, Slovenia, Germany.

• Establish Steering Group on implementation of EAP/PHS

• Hold first Advisory Group Meeting.

• Hold NIS forum meeting.

• SEEHN executive meetings.

Health Accounts

Purpose

• WHO Europe's work on health systems financing includes efforts to produce reliable, internationally comparable and transparent estimates of health expenditures for each country in the Region, using a common international standard (the International Classification for Health Accounts). Estimates are produced in a consultative process with technical specialists in all Member States and partner agencies. The work results in aggregate health expenditure estimates being available online in the WHO Europe Health for All database.

Ongoing methodological work

• The new System of Health Accounts (SHA) 2011, a global standard for defining and classifying financial resources for health, introduces major changes to the reporting standards, taking into account countries' specificities and differences in analytical needs. The work is led jointly by WHO, OECD and Eurostat.

• Training material is currently developed by Abt Associates to facilitate the transition from National Health Accounts (NHA) and SHA to SHA 2011.

• Mapping between NHA and SHA will be developed by the Eurasian NHA network to facilitate the consistency of the process in the CIS countries.

Priority objective of methodological work

• WHO/Europe has established a validation process of all health expenditure data published in the Health for All Database, the WHO World Health Statistics and the WHO WHOSIS database. The validation consists of an informal network of health accounting and/or health financing experts in the Region with whom preliminary WHO estimates are shared and this same network is also invited to provide comments and alternative estimates.

• Facilitating the transition from SHA and NHA to SHA 2011 by developing producers' guidelines and trainings.

• Ensuring the continuity of the existing NHA data series and mapping the data according to the new standard.

• Some statistical data referred to on pharmaceuticals are included in the European Health for All database (mostly types of expenditure data on medicines) and is coordinated with the National Health Accounts as well.

New activities

• Training in the WHO Regional Office for Europe is planned to be delivered as an addition to an extended OECD annual meeting for health experts in October.

• The training on SHA 2011 which is set up as an implementation year for SHA 2011 is likely to continue until 2014.

• Training for the CIS countries will be provided at the Eurasian NHA annual meeting organized by WHO Regional Office for Europe.

Communicable Disease Surveillance, Prevention and Control

Purpose

• This database contains data gathered through surveillance, prevention and control activities on communicable diseases - such as tuberculosis, HIV/AIDS and sexually transmitted infections, and malaria - and data on immunization coverage in countries. It offers information on recent outbreaks in Europe and some other textual information. The database permits a detailed review and situation assessment of the main infectious diseases in the WHO European Region and also offers some data at the subnational level.

Ongoing methodological work

• Collection and dissemination of data on vaccine preventable diseases, including monthly incidence of measles, rubella and diphtheria, weekly incidence of acute flaccid paralysis (polio), and annual summaries of immunization program indicators (vaccination coverage, immunization schedules), through the Centralized Information System for Infectious Diseases (CISID) database http://data.euro.who.int/cisid/. Monthly surveillance statistics for measles jointly collected and reported with ECDC.

• Collection of laboratory based samples data (http://ldms.euro.who.int) from laboratories receiving different type of samples for polio virus testing through AFP, Enterovirus and environmental surveillances in member states. These data are linked with weekly AFP case-based surveillance data.

• Collection of laboratory based samples data (http://mrldms.euro.who.int) from laboratories receiving different type of samples fro measles and rubella testing through MR surveillances in the member states. These data are linked with monthly MR case-based surveillance data.

• Annual collection and dissemination of data on non-vaccine preventable infectious diseases, including zoonotic, vector-borne, blood-borne and water related, through the annual communicable disease reporting forms and maintained in the CISID database.

• Annual collection and dissemination of epidemiological data on the following sexually transmitted infections (STIs): Syphilis (total, early, late and congenital), Gonorrhea, Chlamydia, Herpes simplex and HPV as well as viral hepatitis and HIV/ hepatitis co-infection. Data are collected through the WHO Communicable Disease Annual Reporting Form and maintained in the (CISID) database.

• Enhanced surveillance of HIV/AIDS conducted jointly by the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) in the 53 WHO European Member States since January 2008. Dissemination of data in an annual WHO/ECDC HIV/AIDS surveillance in Europe report (available at http://www.euro.who.int/aids) and through the centralized information system for infectious diseases (CISID): http://data.euro.who.int/cisid/.

• Annual collection, through an annual WHO/UNAIDS/UNICEF reporting tool on the health sector response to HIV/AIDS, including information on access to prevention, treatment and care for people living with HIV/AIDS. Data dissemination via the annual "Towards universal access" progress report (http://www.who.int/hiv/pub/2009progressreport/en/).

• Annual collection of tuberculosis notification, drug-resistance and HIV status, treatment outcomes, programmatic and financial management conducted by WHO headquarters, in the close cooperation with the WHO/Europe and ECDC. European Regional data from Global TB database also maintained in CISID and HFA databases, represented by a number core list of indicators for monitoring the epidemiological trends and programme performance. Epidemiologic surveillance and programme data disseminated via annual European TB surveillance and monitoring reports jointly issued by WHO Europe and ECDC. The WHO/Europe implements the electronic case-based data management systems interoperable with other health data management instruments in Turkmenistan and Uzbekistan and coordinates the efforts of international partner in assisting countries with the development and implementation of such tools. WHO/headquarters in cooperation with WHO/Europe developed a generic electronic system for collection and analysis of drug-resistance surveys data and WHO/Europe implement it in Turkmenistan, Azerbaijan and Ukraine with country specific adjustments.

• Weekly collection and analysis of information on epidemiological and virological characteristics of influenza transmission in the WHO European Region. Each week during the influenza season (week 40-week 20) a bulletin based on data from 50 Member States are published providing information on the timing of the influenza season, spread of influenza, prevalence and characteristics of circulating influenza viruses according to influenza type and subtype or lineages, severity, match of circulating viruses to those included in the seasonal influenza vaccine and susceptibility or circulating influenza viruses to antiviral drugs. www.euroflu.org .The surveillance is coordinated with the European Centre for Disease Prevention and Control (ECDC) to which data from EU/EEA Member States is provided.

New activities

• Development of an online data entry tool for rubella and Congenital Rubella Syndrome through CISID.

• Refinement of electronic data transfer protocols between ECDC and WHO databases.

• Improvement of automated uploading capabilities in countries that are reporting surveillance data to CISID.

• Implement eTB-manager in Turkmenistan and Uzbekistan and coordinate the implementation of similar tools in the region that meet the country needs and fulfil the WHO recommendations on TB electronic recording and reporting.

• Further extrapolation of selective social determinants in TB surveillance and drug resistance surveys.

Alcohol-related statistics

Purpose

• In 2008, the WHO Regional Office for Europe together with the European Commission and WHO headquarters, started to collect data on alcohol consumption, alcohol related harm, and responses data issued for a global/regional database and available to the public since spring 2010 (http://apps.who.int/ghodata/?theme=GISAH&region=euro). The data is used for European Status reports on alcohol and health and other

publications.

Ongoing methodological work

• Data collection from 53 European Member States, the latest in 2012 with a 100% participation rate.

• A system for online data entry which was used for the data collection in 2012.

• New functionalities in data presentation programme.

• Entering data into an SPSS file.

Priority objective of methodological work

• A shared database at WHO headquarters with a platform for each European Region, for the European Commission as well as for EU Member States only, is improved at regular intervals.

• Review and improvement of data quality with a special focus on alcohol consumption by reconciling a range of different sources of data.

• Improvement of the international coordination of the data collection in order to secure that data for one country are the same in different international sources.

New activities

• Preparation of a European status report using data collected for EU Member States during 2012 will be published in June 2013.

• Meeting with all Member Status to discuss data collection and indicators.

Meetings in 2013

• Alcohol counterpart meeting April 2013, Istanbul, Turkey.

Violence and Injury Prevention

Ongoing methodological work:

• Questionnaire on child maltreatment and neglect distributed to Member States and received back compiled by 40 countries. It contains information on national policies, evidence-based interventions, services, laws and, in some cases, provides quantitative information on number of children killed, injured or under the assistance of social services.

• A European report on child maltreatment: it will use data collected through the questionnaire specified above and, in addition to that, will contain data on mortality by type of homicide for around 45 countries and which will use the HFA mortality and DMDB.

• Metaanalyses will be conducted of prevalence of different types of child maltreatment.

• A European report on road safety: it will contain mortality data for 51 European countries; some countries also provided data on non lethal outcomes (hospital admissions, emergency room visits and people incurred in a permanent disability after the crash). Other main information will concern the main risk factors: speed, seat belts, child restraints, drink driving, helmet, use of mobile phone while driving. Data on emergency services will be included too. Mortality data for this has been modelled by staff at HQ.

Priority objective beyond 2013

• Production of the Global Status report on violence prevention, using the questionnaire described above.

New activities

• Questionnaire on violence prevention to be distributed to most of European countries. It will give information on child maltreatment, sexual violence, intimate partner violence, youth violence and elder maltreatment in terms of data, policies and interventions.

Meeting Activities 2013

• Capacity building surveillance workshop planned for SEE countries for spring 2013.

Nutrition and physical activity

Purpose

• In 2005 the WHO Regional Office for Europe started to collect data on the prevalence of overweight and obesity in all population groups in

preparation for the European Ministerial Conference on Counteracting Obesity (15-17 November 2006, Istanbul). At the Conference, Member States approved the European Charter on Counteracting Obesity, which lists goals, guiding principles and a framework for action. In September 2007, the WHO Regional Committee for Europe endorsed the WHO European Action Plan for Food and Nutrition Policy 2007-2012, which calls on Member States to develop and implement food and nutrition policies and translates the principles and framework provided by the Charter into specific action packages and monitoring mechanisms.

• To follow up and ensure implementation of the Charter and the Action Plan, the WHO Regional Office for Europe collects information within the following areas:

Surveillance

• Nutritional status: anthropometry and micronutrient status.

• Dietary habits: household food availability, "per capita" food supply, food consumption and nutrient intake at individual level.

• Physical activity and sedentary behaviour.

• Knowledge, attitudes and behaviour related to nutrition and physical activity.

National policies and actions

• Policy developments in food and nutrition, health enhancing physical activity, and obesity.

• Actions to implement policies: government programmes and policy instruments, legislation in the different areas of action, intersectoral collaboration and partnerships.

Flagging of successful initiatives

• A database was developed to facilitate processing of the information identified, entitled the "Database on Nutrition, Obesity and Physical Activity (NOPA)". As a monitoring tool, the NOPA database can stimulate policy-makers to identify gaps and needs in data collection and policy development, or show progress in their fight against obesity. As of May 2010, the NOPA output interface system is accessible and displays information on existing policy documents in the 53 Member States in the WHO European Region. Information can be searched and viewed by country. This facilitates the sharing of information by Member States and making of comparisons across the Region for indicators for which standardized measures and definitions exist. This data collection has been supported by the Directorate-General for Health and Consumers of the European Commission.

Ongoing methodological work

• Annual collection and processing of national and subnational data on the prevalence and trends of overweight and obesity, physical inactivity, food consumption and nutrient intake in all population groups (children, adolescents and adults) from the 53 Member States of the WHO European Region.

• Annual collection and processing of national policies on nutrition, obesity and physical activity promotion.

• Two rounds of data collections took place (in 2007/2008 and 2009/2010) as part of the WHO European Childhood Obesity Surveillance Initiative (COSI) that aims to routinely monitor policy response to the emerging obesity epidemic. Body weight and body height as well as dietary and physical activity patterns have been measured among primary schoolchildren aged 6-9 years. A third round is taken place during the school year 2012/2013.

Priority objective of methodological work

• Calculation of intercountry comparable estimates of the prevalence of overweight/obesity among 6-9-year-old children as a result of the two COSI data collection rounds.

Meetings in 2013

• Meeting of Nutrition National Focal Points, Tel Aviv, Israel, 10-12 March 2013.

• Ministerial Conference on Nutrition and Noncommunicable Diseases within the Framework of Health2020 in the WHO European Region, Vienna, Austria, 4-5 July 2013.

Social determinants, gender and inequalities

Purpose

• To strengthen the capacity of WHO Member States to systematically use analyses of social & economic determinants and health inequalities to inform the development, implementation, monitoring and evaluation of health policies and programmes. This includes strengthening the capacity

of the WHO Regional Office for Europe and its Member States to: (a) generate and or make use of existing data disaggregated by sex and age and cross link with available data on social and economic determinants (place of residence, level of education, income, employment status etc); and (b) analyse the findings with other forms of knowledge to better inform policy development, implementation, monitoring and evaluation.

Ongoing methodological work

• Working with WHO technical units to develop a minimum standards approach for ensuring collection and use of disaggregated and cross linked data in all key strategy and policy documents. For example, work with WHO NCD area regarding minimum set of indicators for integrating social determinants and equity into the set of targets and indicators to be developed as part of the NCD surveillance, monitoring and evaluation.

• Ongoing delivery of an overall capacity building programme for systematic use of disaggregated data and diverse methods and approaches for assessing data and knowledge on gender, other social determinants and equity. This will include targeted technical assistance for the development of country-specific products such as health inequalities profile or an SDH report; and in-country capacity building workshops (as requested and appropriate) on use of specific tools and approaches such as equity focused Health Impact Assessment and or linked to ICP/multicountry work as part of the SDH/Equity Solutions lab.

Priority objectives beyond 2012

• Same as ongoing for 2012 and activities for 2012 e.g. manual on collection and use of evidence for action on social determinants and health inequalities (see below).

New work to be undertaken in 2012

• Development of a manual for all 53 Member States on collecting and assessing evidence on gender, other social determinants and equity for development of evidence informed policy. It will be based on, adapt and advance the findings from the final report and guide from the global Measurement & Evidence knowledge network with regard to developing policy options for tackling the social determinants of health inequalities.

• Development and delivery of an intensive 5-day training and capacity building programme on the systematic use of *disaggregated data and diverse methods and approaches*for assessing data and knowledge on gender, social determinants and equity for informing the development, implementation, monitoring and or evaluation of health policies and programmes for improved health and gender equity.

Meetings for 2012

• Meetings of advisory and expert group to be established for development of guidance and capacity building programme.

• Workshop with Member States to deliver intensive 5 day capacity building and training programme.

Gender statistics

Purpose

• Strengthen WHO's capacity to provide reliable information on gender inequalities in health to inform policies and programmes in countries.

Ongoing methodological work

• To revise the main WHO databases from a gender perspective identifying gaps and making recommendations for improvement.

• Selection and review of key gender-sensitive indicators. This builds upon the work carried out at the global level and the recommendations from the WHO consultation on Gender- Sensitive health indicators to support country monitoring, Washington 2010.

New activities

• Gender analysis of the WHO databases. This work started in January 2012 and will continue throughout the year.

• Collaboration with the European Institute for Gender Equality on the development of a *satellite index* on gender equality in health.

• Development of a Solid Facts on gender inequities and health in the European Region. This will be based on the analysis of the existing WHO data and the findings of the SDH Review.

• Development of gender sensitive indicators to monitor well-being.

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3. Environment and multi-domain statistics (WHO Europe)
1.4 Health (WHO Europe)

Alcohol-related statistics

Purpose

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Ongoing methodological work

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Meeting Activities 2013

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Public Health Services

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• Briefings on: PH Challenges and innovation; PH financing; The case for investing in prevention; The Public health Role in preventing NCDs; The PH role of PHC; Develop Guidance on PH Financing – with Barcelona team.

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Meetings in 2013

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New activities

• Training in the WHO Regional Office for Europe is planned to be delivered as an addition to an extended OECD annual meeting for health experts in October.

• The training on SHA 2011 which is set up as an implementation year for SHA 2011 is likely to continue until 2014.

• Training for the CIS countries will be provided at the Eurasian NHA annual meeting organized by WHO Regional Office for Europe.

Communicable Disease Surveillance, Prevention and Control

Purpose

• This database contains data gathered through surveillance, prevention and control activities on communicable diseases - such as tuberculosis, HIV/AIDS and sexually transmitted infections, and malaria - and data on immunization coverage in countries. It offers information on recent outbreaks in Europe and some other textual information. The database permits a detailed review and situation assessment of the main infectious diseases in the WHO European Region and also offers some data at the subnational level.

Ongoing methodological work

• Collection and dissemination of data on vaccine preventable diseases, including monthly incidence of measles, rubella and diphtheria, weekly incidence of acute flaccid paralysis (polio), and annual summaries of immunization program indicators (vaccination coverage, immunization schedules), through the Centralized Information System for Infectious Diseases (CISID) database http://data.euro.who.int/cisid/. Monthly surveillance statistics for measles jointly collected and reported with ECDC.

• Collection of laboratory based samples data (http://ldms.euro.who.int) from laboratories receiving different type of samples for polio virus testing through AFP, Enterovirus and environmental surveillances in member states. These data are linked with weekly AFP case-based surveillance data.

• Collection of laboratory based samples data (http://mrldms.euro.who.int) from laboratories receiving different type of samples fro measles and rubella testing through MR surveillances in the member states. These data are linked with monthly MR case-based surveillance data.

• Annual collection and dissemination of data on non-vaccine preventable infectious diseases, including zoonotic, vector-borne, blood-borne and water related, through the annual communicable disease reporting forms and maintained in the CISID database.

• Annual collection and dissemination of epidemiological data on the following sexually transmitted infections (STIs): Syphilis (total, early, late and congenital), Gonorrhea, Chlamydia, Herpes simplex and HPV as well as viral hepatitis and HIV/ hepatitis co-infection. Data are collected through the WHO Communicable Disease Annual Reporting Form and maintained in the (CISID) database.

• Enhanced surveillance of HIV/AIDS conducted jointly by the WHO Regional Office for Europe and the European Centre for Disease Prevention and Control (ECDC) in the 53 WHO European Member States since January 2008. Dissemination of data in an annual WHO/ECDC HIV/AIDS surveillance in Europe report (available at http://www.euro.who.int/aids) and through the centralized information system for infectious diseases (CISID): http://data.euro.who.int/cisid/.

• Annual collection, through an annual WHO/UNAIDS/UNICEF reporting tool on the health sector response to HIV/AIDS, including information on access to prevention, treatment and care for people living with HIV/AIDS. Data dissemination via the annual "Towards universal access" progress report (http://www.who.int/hiv/pub/2009progressreport/en/).

• Annual collection of tuberculosis notification, drug-resistance and HIV status, treatment outcomes, programmatic and financial management conducted by WHO headquarters, in the close cooperation with the WHO/Europe and ECDC. European Regional data from Global TB database also maintained in CISID and HFA databases, represented by a number core list of indicators for monitoring the epidemiological trends and programme performance. Epidemiologic surveillance and programme data disseminated via annual European TB surveillance and monitoring reports jointly issued by WHO Europe and ECDC. The WHO/Europe implements the electronic case-based data management systems interoperable with other health data management instruments in Turkmenistan and Uzbekistan and coordinates the efforts of international partner in assisting countries with the development and implementation of such tools. WHO/headquarters in cooperation with WHO/Europe developed a generic electronic system for collection and analysis of drug-resistance surveys data and WHO/Europe implement it in Turkmenistan, Azerbaijan and Ukraine with country specific adjustments.

• Weekly collection and analysis of information on epidemiological and virological characteristics of influenza transmission in the WHO European Region. Each week during the influenza season (week 40-week 20) a bulletin based on data from 50 Member States are published providing information on the timing of the influenza season, spread of influenza, prevalence and characteristics of circulating influenza viruses according to influenza type and subtype or lineages, severity, match of circulating viruses to those included in the seasonal influenza vaccine and susceptibility or circulating influenza viruses to antiviral drugs. www.euroflu.org .The surveillance is coordinated with the European Centre for Disease Prevention and Control (ECDC) to which data from EU/EEA Member States is provided.

New activities

• Development of an online data entry tool for rubella and Congenital Rubella Syndrome through CISID.

• Refinement of electronic data transfer protocols between ECDC and WHO databases.

• Improvement of automated uploading capabilities in countries that are reporting surveillance data to CISID.

• Implement eTB-manager in Turkmenistan and Uzbekistan and coordinate the implementation of similar tools in the region that meet the country needs and fulfil the WHO recommendations on TB electronic recording and reporting.

• Further extrapolation of selective social determinants in TB surveillance and drug resistance surveys.

Alcohol-related statistics

Purpose

• In 2008, the WHO Regional Office for Europe together with the European Commission and WHO headquarters, started to collect data on alcohol consumption, alcohol related harm, and responses data issued for a global/regional database and available to the public since spring 2010 (http://apps.who.int/ghodata/?theme=GISAH&region=euro). The data is used for European Status reports on alcohol and health and other publications.

Ongoing methodological work

• Data collection from 53 European Member States, the latest in 2012 with a 100% participation rate.

• A system for online data entry which was used for the data collection in 2012.

• New functionalities in data presentation programme.

• Entering data into an SPSS file.

Priority objective of methodological work

• A shared database at WHO headquarters with a platform for each European Region, for the European Commission as well as for EU Member States only, is improved at regular intervals.

• Review and improvement of data quality with a special focus on alcohol consumption by reconciling a range of different sources of data.

• Improvement of the international coordination of the data collection in order to secure that data for one country are the same in different international sources.

New activities

• Preparation of a European status report using data collected for EU Member States during 2012 will be published in June 2013.

• Meeting with all Member Status to discuss data collection and indicators.

Meetings in 2013

• Alcohol counterpart meeting April 2013, Istanbul, Turkey.

Violence and Injury Prevention

Ongoing methodological work:

• Questionnaire on child maltreatment and neglect distributed to Member States and received back compiled by 40 countries. It contains information on national policies, evidence-based interventions, services, laws and, in some cases, provides quantitative information on number of children killed, injured or under the assistance of social services.

• A European report on child maltreatment: it will use data collected through the questionnaire specified above and, in addition to that, will contain data on mortality by type of homicide for around 45 countries and which will use the HFA mortality and DMDB.

• Metaanalyses will be conducted of prevalence of different types of child maltreatment.

• A European report on road safety: it will contain mortality data for 51 European countries; some countries also provided data on non lethal outcomes (hospital admissions, emergency room visits and people incurred in a permanent disability after the crash). Other main information will concern the main risk factors: speed, seat belts, child restraints, drink driving, helmet, use of mobile phone while driving. Data on emergency services will be included too. Mortality data for this has been modelled by staff at HQ.

Priority objective beyond 2013

• Production of the Global Status report on violence prevention, using the questionnaire described above.

New activities

• Questionnaire on violence prevention to be distributed to most of European countries. It will give information on child maltreatment, sexual violence, intimate partner violence, youth violence and elder maltreatment in terms of data, policies and interventions.

Meeting Activities 2013

• Capacity building surveillance workshop planned for SEE countries for spring 2013.

Nutrition and physical activity

Purpose

• In 2005 the WHO Regional Office for Europe started to collect data on the prevalence of overweight and obesity in all population groups in preparation for the European Ministerial Conference on Counteracting Obesity (15-17 November 2006, Istanbul). At the Conference, Member States approved the European Charter on Counteracting Obesity, which lists goals, guiding principles and a framework for action. In September 2007, the WHO Regional Committee for Europe endorsed the WHO European Action Plan for Food and Nutrition Policy 2007-2012, which calls on Member States to develop and implement food and nutrition policies and translates the principles and framework provided by the Charter into specific action packages and monitoring mechanisms.

• To follow up and ensure implementation of the Charter and the Action Plan, the WHO Regional Office for Europe collects information within the following areas:

Surveillance

• Nutritional status: anthropometry and micronutrient status.

• Dietary habits: household food availability, "per capita" food supply, food consumption and nutrient intake at individual level.

• Physical activity and sedentary behaviour.

• Knowledge, attitudes and behaviour related to nutrition and physical activity.

National policies and actions

• Policy developments in food and nutrition, health enhancing physical activity, and obesity.

• Actions to implement policies: government programmes and policy instruments, legislation in the different areas of action, intersectoral collaboration and partnerships.

Flagging of successful initiatives

• A database was developed to facilitate processing of the information identified, entitled the "Database on Nutrition, Obesity and Physical Activity (NOPA)". As a monitoring tool, the NOPA database can stimulate policy-makers to identify gaps and needs in data collection and policy development, or show progress in their fight against obesity. As of May 2010, the NOPA output interface system is accessible and displays information on existing policy documents in the 53 Member States in the WHO European Region. Information can be searched and viewed by country. This facilitates the sharing of information by Member States and making of comparisons across the Region for indicators for which standardized measures and definitions exist. This data collection has been supported by the Directorate-General for Health and Consumers of the European Commission.

Ongoing methodological work

• Annual collection and processing of national and subnational data on the prevalence and trends of overweight and obesity, physical inactivity, food consumption and nutrient intake in all population groups (children, adolescents and adults) from the 53 Member States of the WHO European Region.

• Annual collection and processing of national policies on nutrition, obesity and physical activity promotion.

• Two rounds of data collections took place (in 2007/2008 and 2009/2010) as part of the WHO European Childhood Obesity Surveillance Initiative (COSI) that aims to routinely monitor policy response to the emerging obesity epidemic. Body weight and body height as well as dietary and physical activity patterns have been measured among primary schoolchildren aged 6-9 years. A third round is taken place during the school year 2012/2013.

Priority objective of methodological work

• Calculation of intercountry comparable estimates of the prevalence of overweight/obesity among 6-9-year-old children as a result of the two COSI data collection rounds.

Meetings in 2013

• Meeting of Nutrition National Focal Points, Tel Aviv, Israel, 10-12 March 2013.

• Ministerial Conference on Nutrition and Noncommunicable Diseases within the Framework of Health2020 in the WHO European Region, Vienna, Austria, 4-5 July 2013.

Social determinants, gender and inequalities

Purpose

• To strengthen the capacity of WHO Member States to systematically use analyses of social & economic determinants and health inequalities to inform the development, implementation, monitoring and evaluation of health policies and programmes. This includes strengthening the capacity of the WHO Regional Office for Europe and its Member States to: (a) generate and or make use of existing data disaggregated by sex and age and cross link with available data on social and economic determinants (place of residence, level of education, income, employment status etc); and (b) analyse the findings with other forms of knowledge to better inform policy development, implementation, monitoring and evaluation.

Ongoing methodological work

• Working with WHO technical units to develop a minimum standards approach for ensuring collection and use of disaggregated and cross linked data in all key strategy and policy documents. For example, work with WHO NCD area regarding minimum set of indicators for integrating social determinants and equity into the set of targets and indicators to be developed as part of the NCD surveillance, monitoring and evaluation.

• Ongoing delivery of an overall capacity building programme for systematic use of disaggregated data and diverse methods and approaches for

assessing data and knowledge on gender, other social determinants and equity. This will include targeted technical assistance for the development of country-specific products such as health inequalities profile or an SDH report; and in-country capacity building workshops (as requested and appropriate) on use of specific tools and approaches such as equity focused Health Impact Assessment and or linked to ICP/multicountry work as part of the SDH/Equity Solutions lab.

Priority objectives beyond 2012

• Same as ongoing for 2012 and activities for 2012 e.g. manual on collection and use of evidence for action on social determinants and health inequalities (see below).

New work to be undertaken in 2012

• Development of a manual for all 53 Member States on collecting and assessing evidence on gender, other social determinants and equity for development of evidence informed policy. It will be based on, adapt and advance the findings from the final report and guide from the global Measurement & Evidence knowledge network with regard to developing policy options for tackling the social determinants of health inequalities.

• Development and delivery of an intensive 5-day training and capacity building programme on the systematic use of *disaggregated data and diverse methods and approaches*for assessing data and knowledge on gender, social determinants and equity for informing the development, implementation, monitoring and or evaluation of health policies and programmes for improved health and gender equity.

Meetings for 2012

• Meetings of advisory and expert group to be established for development of guidance and capacity building programme.

• Workshop with Member States to deliver intensive 5 day capacity building and training programme.

Gender statistics

Purpose

• Strengthen WHO's capacity to provide reliable information on gender inequalities in health to inform policies and programmes in countries.

Ongoing methodological work

• To revise the main WHO databases from a gender perspective identifying gaps and making recommendations for improvement.

• Selection and review of key gender-sensitive indicators. This builds upon the work carried out at the global level and the recommendations from the WHO consultation on Gender- Sensitive health indicators to support country monitoring, Washington 2010.

New activities

• Gender analysis of the WHO databases. This work started in January 2012 and will continue throughout the year.

• Collaboration with the European Institute for Gender Equality on the development of a *satellite index* on gender equality in health.

• Development of a Solid Facts on gender inequities and health in the European Region. This will be based on the analysis of the existing WHO data and the findings of the SDH Review.

• Development of gender sensitive indicators to monitor well-being.

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3. Environment and multi-domain statistics (WHO Europe)

1. Demographic and social statistics (WHO Europe)

3.1 Environment (WHO Europe)

Environment and Health

Purpose

• The purpose is to provide data, information and analytical synthesis on the interrelationships between environment and health (EH), and on the EH policy framework. The data process is design to characterize the distribution of EH factors, monitor temporal trends and provide evidence base to support targeted decision-making in the WHO European Region.

Ongoing methodological work

• Final stages of the development of standardized data collection, processing and analysis methodologies for new surveillance programmes to assess prenatal exposure to selected environmental pollutants using human biomonitoring (HBM) methods.

• Further development of the European Environment and Health Information System (ENHIS) as a main information platform for monitoring the implementation of commitments to protect children from environmental hazards which were adopted at the 5th Ministerial Conference on Environment and Health in the European Region (2010).

• Assistance to selected Member States in statistical data analysis and interpretation of new data on exposures to indoor air pollutants, mould, poor ventilation, smoking, and poor sanitation in schools which are collected using the previously developed standardized WHO methodology.

Priority objectives beyond 2013

• Methodological support to Member States in the implementation of new EH data collection programmes.

• Further development of ENHIS to enable the presentation of sub-national data, as well as storage and analysis of raw survey data from Member States.

New work to be undertaken in 2013

• The new interactive ENHIS IT platform, which was launched in 2012, will be expanded to incorporate more indicators and improve user's experience.

• Updating data for the existing indicators of exposure and health effects in ENHIS.

• Collecting data on EH policies in Member States, and interpreting data to evaluate EH policy situation and identify priorities for action.

• Assisting selected countries of the European Region in the implementation of exposure assessment surveys in schools using standard WHO methodology, and in statistical data analysis.

• Finalizing the methodology for HBM survey in maternities and designing a pilot survey to demonstrate the application of this methodology in contaminated areas.

Meetings planned for 2013

• Technical meeting on the implementation of the exposure collection survey in schools using standard WHO methodology.

• Technical meeting on the methodology and organization of the proposed HBM survey in maternities to assess prenatal exposure to environmental chemicals.

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